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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009 Open to Public

Inte	rnal Revenu	e Service	► The organization may have to use a copy of this return to satisfy sta	te reporting requi	rements	Inspection
Â	For the 20	09 calendar ye	ar, or tax year beginning, and ending			
<u>"</u> (8)	Check if applic	able Please	C Name of organization		D Employ	er identification number
	Address chang	use IRS label or	MAN HYUNG WOO MEMORIAL FUND			
\ \ 	Name change	print or	Doing Business As		26-0	0296752
32	_	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
됬는	Initial return	See	11776 STRATFORD HOUSE PLACE #1008		703-	-400-5050
لۍ	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 291
Ω	Amended retu		RESTON VA 20190			
	Application per	nding F Name	and address of principal officer		H(a) Isthisa	group return for
<u>چ</u>	Application po	ES'	THER CHANG		affiliates	? Yes X No
		11'	776 STRATFORD HOUSE PLACE #1008		H(b) Are all a included	ffiliates Yes No
2 <u>0</u> 1€		RE	STON VA 20190		If "No," a	attach a list. (see instructions)
=2—	Tax-exemp	t status X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527			
J	Website I				H(c) Group e	xemption number
K	Type of organ		poration Trust Association Other	Year of formation 2		M State of legal domicile VA
*****	art I	Summar				<u> </u>
	1 Brie	fly describe ti	ne organization's mission or most significant activities			
•	· _	•	DUCATION			
0 CT % % 201∫ Activities & Governance	1					
E	1					
₩	2 Che	ck this box	if the organization discontinued its operations or disposed of more than 2	25% of its net as	sets	
~~ō	3 Nur		members of the governing body (Part VI, line 1a)	20 /0 0/ 110 1101 201	3	3
∞ 8	4 Nur	•	endent voting members of the governing body (Part VI, line 1b)		4	3
الله الله	5 Tota	•	employees (Part V, line 2a)		5	0
اۋ ن	6 Tota		rolunteers (estimate if necessary)		6	
	7a Tota		ated business revenue from Part VIII, column (C), line 12		7a	
	1	_	siness taxable income from Form 990-T, line 34		7b	0
SCANNED Revenue		4	most taxable internal name of the out of the	Prior Ye		Current Year
2	8 Cor	tributions and	grants (Part VIII, line 1h)			
No.	1		revenue (Part VIII, line 2g)			
100	10 Inve	estment incon		291		
ď	l .		art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	1		idd lines 8 through 11 (must equal Part VIII, column (A), line 12)			291
	13 Gra	nts and simila	ar amounts paid (Part IX, column (A), lines 1–3)			2,500
	14 Ben	efits paid to d	or for members (Part IX, column (A), line 4)			
s	15 Sala	aries, other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
nses	16a Pro	fessional fund	Iraising fees (Part IX, column (A), line 11e)			
Expe	b Tota	al fundraising	expenses (Part IX, column (D), line 25) RECEIVED			
ũ	17 Oth	· .	Part IX, column (A), lines 11a-11d, 11f-24f			245
	18 Tota	al expenses /	Part IX, column (A), lines 11a–11d, 11f–24f) Add lines 13–17 (must equal Part IX, column (A), line 25) Denses Subtract line 18 from line 12			2,745
		enue less ex	penses Subtract line 18 from line 12			-2,454
Net Assets or	3			Beginning of Cu		End of Year
set	20 Tota	al assets (Par	t X, line 16) OGDEN. UT	10	1,356	98,902
E S	21 Tota	al liabilities (P	art X, line 26)			
			d balances Subtract line 21 from line 20	10	1,356	98,902
F	Part II	Signatuı	71			
		Under penalt	es of perjury, I declare that I have examined this return, including accompanying schedule	es and statements,	and to the bes	t of my knowledge
		and belief A	is frue, correct, and complete Declaration of preparer (other than officer) is based on all in	ntormation of which	preparer nas	any knowledge
Si	_	•	4.		9/6	e/N
He	re	I/	re of officer		Date	
		ES'	THER CHANG PRES	IDENT		
		Type or	print name and title	,		
_	• -1	Preparer's	Date	Check	if	Preparer's identifying number (see instructions)
Pa		signature	MARY LEIGH MCDANIEL 08/3	31/11 self- emplo	yed ▶ 🔲	P00003957
	eparer's		IIPDEGROVE COMBS & MCDANTEL PI		EIN ▶	54-1391150
Us	e Only	Firm's name if self-employ	10 DOCK DOTHER IN CHE 2		Phone	
		address, and				540-347-5681
Ma	v the IDS	hecuse this re	turn with the preparer shown above? (see instructions)		,	V Voc No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

	2009) MAN HYUNG WOO ME		6-0296752	Page 2
Part III	Statement of Program Serv	vice Accomplishments		
	y describe the organization's mission			
PROM	OTE EDUCATION			
2 Did tl	ne organization undertake any significan	program services during the year which we	ere not listed on	
	rior Form 990 or 990-EZ?	t program controct daming the year timen we		Yes X No
	s," describe these new services on Scho	edule O		
		ke significant changes in how it conducts, a	ny program	
servi				Yes X No
If "Y∈	s," describe these changes on Schedule	₽ 0.		
4 Desc	ribe the exempt purpose achievements t	or each of the organization's three largest p	rogram services by expenses	
Secti	on 501(c)(3) and 501(c)(4) organizations	and section 4947(a)(1) trusts are required	to report the amount of grants and	
alloc	ations to others, the total expenses, and	revenue, if any, for each program service re	eported	
		2 500	2 500	
4a (Cod		2,500 including grants of \$	2,500) (Revenue \$)
ONE	SCHOLARSHIP GRANTED			
4b (Cod	e) (Expenses \$	including grants of \$) (Revenue \$)
`	, , ,		, ,	
4c (Cod	e) (Expenses \$	including grants of \$) (Revenue \$	
		•		
Ad Othe	r program services (Describe in Schedu	ule O)	·	
		cluding grants of \$) (Revenue \$	١
	program service expenses	2 - 500) (Lizakëtine A	

Pa	rt IV Checklist of Required Schedules			
	.,,	$\perp \downarrow$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>x</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	- 1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	T		
-		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<i>-</i>		
•	complete Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	l		
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
10		10		х
44		10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		x
	production in the contract of			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	- 1		
	Schedule D, Part VI	- 1		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	- 1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	- 1		
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			х
		12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	4.		.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			.
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			_v
		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	,		v
. -		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			7.
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			٦,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Checklist of Required Schedules (continued) Yes Νo 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O X

Pe	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Catalaha ayanba yanadad ia Day 2 of Farry 4000 Arrayal Commercial Transmitted of				Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	.	0			
_	U.S. Information Returns. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	e	10		x
20	gaming (gambling) winnings to prize winners?	1		1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	0			
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a		— <u>, </u>		•
U	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	15 '		2b		
	instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l hv				
Ju	this return?	,		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	tv	55		
- u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account).		ty.			
	account)?	anciai		4a		х
h	If "Yes," enter the name of the foreign country			70		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank				
	and Financial Accounts	Junik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
_	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?	_		6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			-	
	gifts were not tax deductible?			6ь		1
7	Organizations that may receive deductible contributions under section 170(c).				, , , , ,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7е		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		 -
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	+
10	Section 501(c)(7) organizations. Enter	امدا	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter	امدا	Ī			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا				
10-	amounts due or received from them)	11b			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	-	┼
<u> b </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		;	<u>. </u>	<u> </u>

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			l
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	etion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	venue Code.)		1	1
	Provide a construction of the first of the f		Yes	No.
10a	Does the organization have local chapters, branches, or affiliates?	10a	├	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.01		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			x
11a	form?	11		<u> </u>
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	128	<u>^</u>	
	rise to conflicts?	12b		x
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
Ŭ	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13	Ì	х
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approval by		1	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	x
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ ESTER A CHANG 11776 STRATFORD	E00 44		- 0
P)	ፑ ርጥ∩እነ	703_40		\ I I 5 (

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organizatio (A) Name and Title	(B) Average hours per	Posi	tion ((C checl	C) k all t	hat a	oply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ESTHER A CHANG PRESIDENT	5.00	x						0	0	O
YOUNG SHIN WOO		 								
TREASURER	2.00	X						0	0	C
RAK HEE WOO		l		į					_	_
VP DIRECTOR	1.00	X						0	0	C
								<u> </u>		
		-								
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			_							
					_					
		-			<u> </u>				<u> </u>	
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	1					-		 .		
	1	-			_		_			

(À)	(B)				C)	L-4		(D)	(E)	(F)
् ,Name and Title	Average hours per week	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
o Total	<u> </u>									
Total number of individuals reportable compensation from			_	thos	e lis	ted a	bov	e) who received more than	1 \$100,000 in	
Did the organization list any employee on line 1a? If "Yes For any individual listed on the organization and related individual	s," complete Sch ine 1a, is the sur l organizations gr	edule n of re eater	J for port than	r suc able \$15	h ind com 0,00	dividu ipens 02 If	ial satio "Yes	n and other compensation s," complete Schedule J fo	n from or such	Yes 3
Did any person listed on line services rendered to the org ection B. Independent Contra	anization? If "Ye								or .	5
Complete this table for your compensation from the orga	inization	pensa	ated	ınde	pend	lent o	contr			
Name a	(A) and business address						-	Descri	(B) ption of services	(C) Compensat
					_		\vdash			

Pa	rt V	III Statement of Reve	nue						
		••				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
8 8	4 -	Fadarated assessment	4-				revenue	 	512, 513, or 514
	1a	Federated campaigns	1a			·			
PE	D	Membership dues	1b 1c						
if s	ن س	Fundraising events	1d						
ein Bie	a	Related organizations							
Sir	e	• • •	1e						
is et	ı	All other contributions, gifts, grants, and similar amounts not included above	1f						
E P	_			 \$					
Program Service Revenue Contributions, gifts, grants	9		II	₽					
	<u>h</u>	Total. Add lines 1a-11			Busn. Code				
eun	2a				Busii. Code				
Şe	b						_		
9	c								
ē	d								
E	e				l				
gra	f	All other program service reve	nue						
Pro	g				•			·	
	3	Investment income (including	dıvıder	ds. intere	st, and				
		other similar amounts)		•	•	291			291
	4	Income from investment of tax	-exem	pt bond p	roceeds ►				<u>-</u>
	5	Royalties			▶ [
		(ı) Real		(II) F	'ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)	_		•				
	7a	Gross amount from sales of assets (i) Securities	3	(11)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)			•				
пе	8a	Gross income from fundraising eve	nts						
enu		(not including \$							
8€		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	а						
듚		Less direct expenses	b						
-		Net income or (loss) from fund		events	•				
	уа	Gross income from gaming activitie							
		See Part IV, line 19	a b						
		Less direct expenses	-	tuutoo	—				
		Net income or (loss) from gan Gross sales of inventory, less	iiig ac	livilles					
	iva	returns and allowances	_						
	h	Less cost of goods sold	a b						
			_	vonton			•		
	- 6	Net income or (loss) from sale Miscellaneous Revenue		ventory	Busn Code				-
	11a								
	nia b								
					-				
	d	All other revenue						 	
		Total. Add lines 11a–11d							
		Total Revenue. See instruction	ns			291	0	0	291
							<u> </u>		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,500	2,500		
3	Grants and other assistance to governments,		Ĭ		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				· · · · · · · · · · · · · · · · · · ·
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other evenesses Itemine evenesses				
24	Other expenses Itemize expenses not covered above (Expenses grouped together				
	, , , , ,				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BANK CHARGES	220		220	·
b	LICENSE	25		25	
c		23		23	
ď					
e					
	All other expenses	_			
	Total functional expenses. Add lines 1 through 24f	2,745	2,500	245	_ , , ,
26					
-	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA		-	· ·		Form 990 (2009)

<u>Pa</u>	rt X				—т	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		4,018	1	3,800
	2	Savings and temporary cash investments		97,338	2	95,102
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors				
}		employees, and highest compensated employees. Con				
1		Schedule L		5		
1	6	Receivables from other disqualified persons (as defined				
		4958(f)(1)) and persons described in section 4958(c)(3		.		
		Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		9		
İ	10a	Land, buildings, and equipment cost or	1 1			
		other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	-	10c	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
i	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	101,356	16	98,902	
	17	Accounts payable and accrued expenses		202,000	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
.≝∣	22	Payables to current and former officers, directors, trust			21	
ا≌ا	~~	employees, highest compensated employees, and disc	*			
<u>ia</u>		persons Complete Part II of Schedule L	quaimeu		22	
	23	Secured mortgages and notes payable to unrelated this	rd nartice	-	23	
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities Complete Part X of Schedule D	parties		25	
- 1	26				26	
$\overline{}$	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ .	Y and		20	
Fund Balances		complete lines 27 through 29, and lines 33 and 34.	X and			
a l	27	Unrestricted net assets		101,356	27	98,902
3al	28	Temporarily restricted net assets		101,550	28	30,302
₩ B	29	Permanently restricted net assets		29		
되	23	Organizations that do not follow SFAS 117, check he	> (**)		25	
빈						
ō	20	and complete lines 30 through 34.]		
ets	30	Capital stock or trust principal, or current funds		30	-	
SS	31	Paid-in or capital surplus, or land, building, or equipme		31	-	
~	32	Retained earnings, endowment, accumulated income,	or other funds	101 356	32	00 000
ĕ	33	Total net assets or fund balances		101,356		98,902
	34	Total liabilities and net assets/fund balances		101,356	34	98,902

Form **990** (2009)

Form	990 (2009) MAN HYUNG WOO MEMORIAL FUND 26-0296752		Pag	ge 12
Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

MAN HYUNG WOO MEMORIAL FUND

Employer identification number

26-0296752 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (III) Type of organization organization (described on lines 1-9 in col (i) listed in your the organization in anization in col support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes Yes Νo No No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

а	33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization	L

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

_	_		_	_	•		-	_
2	6	-	U	2	9	6	75	2

Page	1

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 % 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Page 4

Schedule A (Form 990 or 990-EZ) 2009 MAN HYUNG WOO MEMORIAL FUND 26-0296752

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. SCHEDULE O

(Form 990) ·

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAN HYUNG WOO MEMORIAL FUND

Employer identification number 26-0296752

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS EDUCATIONAL PROMOTION

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRESIDENT REVIEWS FORM 990.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC